PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 10/683413

		CLAIMS	AS FILED	- PART I			SM	ALL E	NTITY		OTHER	MAHT
<u></u>	FOTAL OL MA		(Column 1)		(Column 2)		TYPE [OR	SMALL	ENTITY
L	TOTAL CLAIM	S					[[RATE	FEE	7	RATE	FEE
۴	OR		NUMBER FILED		NUM	BER EXTRA	ВА	SIC FEE	385.00	OR	BASIC FEE	770.00
7	OTAL CHARG	EABLE CLAIMS	8 m	ninus 20=	•	1	,	(S 9=		OR		18
IN	INDEPENDENT CLAIMS 5 minus 3 = 1					ર	;	X43=		OR	84	16
М	ULTIPLE DEPE	ENDENT CLAIM I	PRESENT					145=		OR	+290=	
* [If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II							OTAL	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OR	TOTAL	
								OTAL.	L	J 0,,,	OTHER	HAN
_		(Column 1)		(Colun		(Column 3)	, Si	MALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	ÉR USLY	PRESENT CXTRA	А	ATE	ADDI TIONAL FEE		RATE	ADDI TIONAL FEE
202	Total	.47	Minus	- a		26	×	\$ 9=		OR	X\$18=	46
2	Independent	* 8	Minus	***	5_	3	×	43≔		OR	X86=	35
	FIRST PRES	ENTATION OF M	OLTIPLE DE	PENDENT	CLAIM			145=	1	OR	+290=	
							. L	TOTAL			TOTAL ADDIT FEE	2
		(Column 1)		(Colum	n 2)	(Column 3)	AUU	IT FEE!			AUDIT TEL	
CINCINCINCINC D		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU	ST ER JSU	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total		Minus	**		-	X	5 a.		OB	X\$18	
1	Inaependent	*	Minus	***		=		 43≕		00	X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR			
£140									ОН	+290#	<u> </u>	
							ADDI	rose ress		OR	TOTAL ADDIT FEE	
		(Column 1)		(Columi	າ 2)	(Column 3)			•			
,	\	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOU PAID FO	R JSLY	PRESENT - EXTRA	R	ATE	AUÜİ- TIONAL: FEE		RATE	ADDI- TIONAI FEE
	Total	•	Minus	**		=	XS	6 9=		OR	X\$18=	,
	Independent	*	Minus	k-k-k		= .	\	<3±			X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
If	the entry in colu	mn 1 is less than th	e entry in colú	mn 2. write "()" in coli	umn 3	L	45=		OR	+290=	
• 11	the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	S SPACE is to	ess than	20 enter "20 "		TOTAL T. FEE		OR ,	ADDIT FEE	
T	he Highest Num	ber Previously Paid	For (Total or	Independen	i) is the	i 3. eiller 3. highest number	r found in	the app	ropriate box	in col	umn 1.	